

CODE	<div>Section I</div> <div>ADMINISTRATION AND MANAGEMENT</div> <div>Use Worksheet: WS AM01</div>
AM01	<p>The M+CO must have administrative and managerial arrangements satisfactory to HCFA, as demonstrated by <u>at least</u> the following: a policy making body that exercises oversight and control over the M+CO's policies and personnel to ensure that management actions are in the best interest of the M+CO and its enrollees.</p> <p>42 CFR 422.501(b)(3)(i) [] MET [] NOT MET [] NOTE</p>
MOE AM01	<p><input type="checkbox"/> Determine whether the policy making body is exercising oversight and control over the M+CO's administrative and medical activities by reviewing: the entity's articles of incorporation, bylaws, board minutes and resolutions, executive committee minutes and Board documents for current and prior year. What is the flow of information and direction between the policy making body and management? How often and what type of information is provided to the Board?</p> <p><input type="checkbox"/> Establish that the M+CO's policy making body is in existence at the level of the regulated entity.</p> <p><input type="checkbox"/> Interview: <input type="checkbox"/> Board chairperson or other Board member; <input type="checkbox"/> CEO/General Manager.</p> <p>[Note: Administrative functions include functional activities related to marketing, financial management, management information systems, policies and procedures, personnel, and program planning and development. Medical management includes the development and management of relationships (health services delivery, quality assurance program) to ensure that the services of physicians, other health professionals, and various institutional providers are made available in type, amount, and quality necessary to meet enrollees' needs].</p>
AM02	<p>The M+CO has personnel, systems and administrative capability sufficient for the M+CO to organize, plan, control, and evaluate financial and marketing activities, the furnishing of services, the quality assurance program, management aspects of the organization and carry out the requirements of its Medicare contract.</p> <p>42 CFR 422.501(b)(3)(ii), 42 CFR 422.502(a) [] MET [] NOT MET [] NOTE</p>
MOE	<p>Is there an individual responsible for the M+CO's overall management activities and performance and for making final recommendations to the board?</p>

AM02

A determination of MET/NOT MET will be made after reviewing other sections of the *Review Guide*. The determination will depend on your findings in the operational areas that you review as well as key personnel interviews; requirement will be "Met" if no major operational problems exist.

[(**Note:** Refer to other sections of the *Review Guide* in making a final determination for this element, if necessary. The number, severity, and extent of other findings and their relationship to the administrative capabilities of the M+CO should be weighed in making the Met/Not Met determination. If multiple deficiencies are found during the monitoring visit, and a determination of "Not Met" is contemplated, this should be discussed among the reviewers and the CHPP Plan Manager to develop consensus to find this requirement "Not Met." The problem may be one of sufficiency in numbers of personnel and/or systems or a lack of resources (i.e., financial, MIS, medically-trained personnel, staff, claims processing staff)].

- **Review:** ☐ Organizational chart; ☐ if complex organization and/or operational problems exist, review CEO and key staff job descriptions; ☐ all sample review areas.

In order to meet this requirement, the M+CO's management must identify and track Medicare performance requirements in the areas of ☐ enrollment, ☐ disenrollment; ☐ claims processing; ☐ appeals; ☐ grievances; ☐ access.

☐ Determine if the M+CO's staff and management are adequately informed and following the requirements of the Medicare contract. ☐ Determine if M+CO has informed its staff and contracting providers/suppliers about Medicare requirements through HCFA reports, manuals and issuances. Are staff and providers/suppliers knowledgeable about the requirements?

☐ Determine what information is provided to existing and new staff and contracted providers/suppliers regarding the requirements of the Medicare contract. What mechanisms does the M+CO use to inform staff and providers/suppliers in this regard? Does the M+CO have a mechanism(s) for informing staff and contracting providers of any new or revised Medicare requirements?

~~**NOTE:** Refer to other sections of the *Review Guide* in making a final determination for this element, if necessary. The number, severity, and extent of other findings and their relationship to the administrative capabilities of the M+CO should be weighed in making the Met/Not Met determination.~~

Review: ☐ Internal policy and procedures manuals relative to the Medicare product; ☐ any training or information materials distributed to the providers/suppliers which address Medicare requirements such as covered/non-covered services denials and appeals, etc.; ☐ quality work plan; ☐ Board and QA/QI committee minutes.

☐ NCQA Audit **Report** form for latest HEDIS **Submission** audit report for the prior year, including the IS Standards Compliance tool.

☐ Review the M+CO's ability to produce rates, i.e., look at the number of **non-report** (NR) designations for measures (plan did not calculate measure and could have or plan calculated the measure and the result was materially

	<p>biased).</p> <p><input type="checkbox"/> Review whether the M+CO submitted required HEDIS data, both summary file and patient level file by the submission deadline. Should be coordinated with Central Office Plan Manager who will have access to summary reports.</p> <p><u>Interview:</u> <input type="checkbox"/> Physicians and medical office staff (Note: During the health services reviewer's interviews with providers/suppliers, determine what training and information they have received regarding the Medicare product and HCFA requirements.)</p>
AM03	<p>The M+CO's operations are managed by an executive manager whose appointment and removal are under the control of the M+CO's policy making body.</p> <p>42 CFR 422.501(b)(3)(iii)</p> <p>[] MET [] NOT MET [] NOTE</p>
MOE, AM03	<p>The Board must have the authority to hire and, if necessary, to fire the CEO. This can not be delegated to a management company. Determine if the Board annually evaluates the performance of the CEO or General Manager and if that Board's evaluation can legally result in the removal of the CEO and recruitment and hiring of a new CEO.</p> <p>If staff of the M+CO is provided through a management company contract, the contract should be reviewed to determine whether the management company or the M+CO's Board has appointment and removal authority.</p> <p>● <u>Review:</u> <input type="checkbox"/> M+CO's bylaws and/or written management contractual arrangement.</p> <p>● <u>Interview:</u> <input type="checkbox"/> CEO/Executive Director.</p>
AM04 New Element	<p>Requires M+CO to develop a formalized compliance plan which consists of the following: written policies & procedures, designated compliance officer & committee, training & education, communication plan, disciplinary guidelines, internal monitoring & auditing, and development of corrective action initiatives and reporting process to HCFA and/or OIG for violations of M+C requirements.</p> <p>42 CFR 422.501(b)(3)(vi)</p> <p>[] MET [] NOT MET [] NOTE</p>
MOE AM04	<p>Compliance with the HEDIS reporting processes as well as other data submissions should be part of the Compliance plan.</p>
AM05 New Element	<p>The M+CO must have the capacity to communicate with HCFA electronically.</p> <p>42 CFR 422.502(b)</p> <p>[] MET [] NOT MET [] NOTE</p>
AM06 New	<p>The M+CO agrees that its CEO or CFO, or individual delegated the authority to sign on behalf of one of these officers,</p>

Element	<p>must request payment on a document that certifies the accuracy, completeness, and truthfulness of relevant data that HCFA requests (i.e., specified enrollment information, encounter data, and other information) that HCFA may specify based on his or her best knowledge, information and belief.</p> <p>42 CFR 422.502 (l)</p> <p>[] MET [] NOT MET [] NOTE</p>
AM07 New Element	<p>The M+CO submits information to HCFA on the following: certified financial information, all information necessary for HCFA to administer and evaluate the program, and all information necessary for HCFA to evaluate the M+COs ability to facilitate a process for current and prospective beneficiaries to exercise choice in obtaining Medicare coverage and services.</p> <p><i>Cross reference to QISMC 2.3.1</i></p> <p>42 CFR 422.502(f)(4); 422.64</p> <p>[] MET [] NOT MET [] NOTE</p>
MOE, AM07	<ul style="list-style-type: none"> • Certified financial information that HCFA must review will include: documents to that show the organization has a fiscally sound operation and documents that disclose disclosure of ownership and control of the M+CO. • Beneficiary related information to include but not limited to: benefits covered under an M+C plan; monthly basic and supplemental premiums; service and/or continuation area of each plan; and enrollment capacity of each plan; and plan quality and performance indicators for benefits under the plan. Plan quality and performance indicators include: including a) disenrollment rates; b) information on Medicare enrollee satisfaction; c) information on health outcomes; d) recent records regarding compliance of the plan regarding requirements of this part; e) other information as necessary to assist beneficiaries in making an informed choice among M+C plans and original Medicare; f) information on beneficiary appeals & their disposition; and g) information on all formal actions, reviews, findings by States, other regulatory bodies, or certifying or accrediting organizations.
AM08 New Element	<p>The M+CO submits hospital encounter, physician, outpatient hospital, SNF, HHA and all other data HCFA deems necessary to HCFA at the times and in the manner that HCFA requires (i.e., encounter data) as per HCFA guidelines and directions.</p> <p><i>(This element should be coordinated with CO plan manager to confirm correct reporting)</i></p> <p>42 CFR 422.257(b), 422.502 (a)(8), 422.516, OPL 97.064, OPL 98.070</p> <p>[] MET [] NOT MET [] NOTE</p>
MOE AM08	<p>RO reviewers should contact CO plan manager prior to site visit to ensure validation of encounter data has taken place.</p>
AM09	<p>The M+CO has effective procedures to develop, compile, evaluate, and report statistical and other information to the Secretary of DHHS.</p> <p>(Cross refer IA04(a))</p> <p>42 CFR 422.516(a)</p> <p>[] MET [] NOT MET [] NOTE</p>

<p>MOE, AM09</p>	<p>Look for evidence that specific procedures have been developed and/or the staff is fully aware of its responsibility in reporting various information to HCFA. Determine whether procedures align with HCFA reporting requirements in sections on Health Services (e.g., Availability/Accessibility), Cost of operations, Utilization of services, Developments in health status such as health status surveys, HEDIS reporting measures, and QAPI plans initiated by the M+CO, Fiscal Soundness, Marketing, Enrollment/Disenrollment, Claims Processing, Appeals, Developments in health status (such as health status surveys, HEDIS reporting measures, and QAPI plans initiated by the M+CO), etc. If there are problems in these areas related to timely and acceptable reporting of data to HCFA, then determination for AM09 would be NOT MET. If HEDIS data submissions are late or incomplete, the standard would be NOT MET.</p>
<p>MOE, AM09, Cont.</p>	<p>Does the M+CO report in a timely manner and in a understandable format? Does the M+CO provide accurate information with regard to HCFA reporting requirements? Can the internal systems in place at the M+CO adequately compile data in order to make such reports to HCFA? Which HCFA contractor overturned reconsiderations have been paid as of a given date?; How many Medicare/Medicaid/commercial members are there by county? (Note: Reviewers should solicit input regarding this from the CHPP Plan Manager and financial reviewer. The determination for this element should be the result of consensus among reviewers and the CHPP Plan Manager prior to a finding of "Not Met.")</p> <p><u>Review:</u> <input type="checkbox"/> Policy and procedure manuals.</p> <p><u>Interview:</u> <input type="checkbox"/> MIS and operational staff.</p>

CONTRACTING AND POLICY REQUIREMENTS: PLEASE SEE TABLE 1 FOR LOCATION OF EACH ELEMENT.

NOTE: Please reference ~~to OPL 98.2000.077 Revised (12/8/98)~~ (7/14/00) for all contracting and policy and procedure requirements guidance.

The following definitions apply to all contracting requirements located within section 5.

First tier - The term first tier entity refers to the first level of contractor with M+CO (e.g., Individual Practice Association (IPA) or Physician Hospital Association (PHO)).

Downstream entity - Refers to all entities below the level of the first-tier entity (e.g., individual providers that contract with the IPA).

For sub-elements in which contracts must be reviewed, a sample of executed contracts from all contracting levels (first tier and down stream entities) should be reviewed by HCFA staff to verify required provisions are included in provider contracts ~~AM10a-x~~. Model provider contracts should be reviewed to verify required provisions separately from the sample of executed contracts.

For sub-elements in which policies and procedures are reviewed, the policies and procedures must be in a written format and easily accessible to all contracting providers.

MUST BE IN PROVIDER CONTRACTS	
Note: These elements are not in alphabetical order by sub-element but are in order by topic area.	
Access: Records and Facilities	
AM10	<p>The M+CO agrees to provide HCFA, or other designees, the right to audit, evaluate, inspect books, contracts, medical records, patient care documentation, other records of subcontractors, or related entities. The M+CO, through contract provisions informs all first tier and down stream entities who contract with the M+CO of this requirement.</p> <p>42 CFR 422.502(e)(1); 422.502(e)(2); 422.502(e)(4) (3): OPL 2000 98.077</p> <p>[] MET [] NOT MET [] NOTE</p>
AM10a New Element	<p>The M+CO maintains for a period of 6 years books, records, documents and other evidence of accounting procedures and practices, physical facilities and equipment, records relating to Medicare enrollees and any additional relevant information HCFA may require. For periods exceeding 6 years, or completion of an audit, whichever is later material is maintained for reasons specified at 422.502(e)(4). The M+CO, through contract provisions informs all first tier and down stream entities who contract with the M+CO of this requirement.</p> <p>42 CFR 422.502(e)(2); 422.502(e)(3); 422.502(e)(4); 422.502(H)(2)(ii); OPL 2000 98.077</p> <p>[] MET [] NOT MET [] NOTE</p>

Beneficiary Protections	
AM10b New Element	<p>The M+CO has established procedures and complies with all confidentiality and enrollee record accuracy requirements in §422.118 to safeguard the privacy of any medical records or other health enrollment information it maintains with respect to enrollees. The M+CO, through contract provisions informs all first tier and down stream entities, who contract with the M+CO, of this requirement.</p> <p>42 CFR 422.118; 422.502(a)(13); OPL 2000 98.077</p> <p>[] MET [] NOT MET [] NOTE</p>
AM10j New Element	<p>The M+CO adopts and maintains arrangements satisfactory to HCFA to protect its enrollees from incurring liability for payment of any fee that is the legal obligation of the M+CO (NAIC Hold harmless language or HCFA approved minor changes to NAIC language). This includes protections as a result of organization insolvency or other financial difficulties. The M+CO, through contract provisions informs all first tier and down stream entities, who contract with the M+CO, of this requirement.</p> <p>422.502(g)(1)(i); 422.502(I)(3)(i)(A)</p> <p>[] MET [] NOT MET [] NOTE</p>
AM10k New Element	<p>The M+CO provides for continuation of enrollee health care benefits for the duration of the contract period and, for enrollees who are hospitalized on the date the HCFA contract ends, through the date of discharge. The M+CO has provisions and arrangements that protect beneficiaries from loss of benefits, in the event of insolvency. In instances where the M+CO chooses to provide protections by way of contract language, the M+CO, through contract provisions informs all first tier and down stream entities who contract with the M+CO of this requirement or has established alternative means which have been approved by HCFA.</p> <p>42 CFR 422.502(g)(2)(i); 422.502(g)(2)(ii); 422.502(g)(3); 422.502(i)(3)(i)(B); OPL 2000 98.077</p> <p>[] MET [] NOT MET [] NOTE</p>
Delegation	
AM10 l New Element	<p>If The M+CO delegates functions for which it is contractually obligated to perform under its contract with HCFA, the M+CO, through contract provisions, specifies to all first tier and downstream entities, who contract with the M+CO, of their responsibility to conform with the delegation requirements in a manner consistent with HCFA regulations. Cross reference to Domain 4 of QISM.</p> <p>42 CFR 422.502(i)(4)(v); 422.502(i)(3)(iii); OPL 2000 98.077</p> <p>[] MET [] NOT MET [] NOTE</p>

Payment & Federal Funds	
AM10 n New Element	<p>All contracts between M+COs first-tier and downstream entities must contain a prompt payment provision, the terms of which are developed and agreed to by the contracting entities.</p> <p>42 CFR 422.502(c); 422.520(b); OPL 2000 98.077</p> <p>[] MET [] NOT MET [] NOTE</p>
Reporting & Disclosure	
AM10 p New Element	<p>The M+CO complies with reporting requirements in §422.516 and the requirements in §422.257 for submitting encounter data to HCFA. The M+CO, through contract provisions informs all first tier and down stream entities who contract with the M+CO of this requirement.</p> <p>42 CFR 422.502(a)(8); OPL97.064, OPL 98.070, OPL 2000 98.077</p> <p>[] MET [] NOT MET [] NOTE</p>
Compliance	
AM10 u New Element	<p>All contracts to written arrangements between M+CO downstream and downstream entities must contain accountability provisions stating that the M+CO oversees and is ultimately accountable to HCFA for all required HCFA-contract functions and responsibilities.</p> <p>42 CFR 422.502(i)(3)(ii)(A); OPL 2000 98.077</p> <p>[] MET [] NOT MET [] NOTE</p>
AM10 x	<p>The M+CO through contract provisions informs all first-tier and downstream entities who contract with the M+CO of their requirement to comply with applicable Medicare laws and regulations.</p> <p>42CFR 422.502 (i)(4)(v)</p> <p>[] MET [] NOT MET [] NOTE</p>
MOE for all above AM10 elements	<p><input type="checkbox"/> Determine that the above requirements are included in contracts between the M+CO first-tier and downstream entities.</p> <p><input type="checkbox"/> Review of executed and signed provider contracts to ensure that the above requirements are met.</p> <p><input type="checkbox"/> Cross refer AM 10e&d to Fiscal Soundness—FS02—Beneficiary Financial Protections</p>

MUST BE IN PROVIDER CONTRACTS OR POLICIES AND PROCEDURES

Note: These elements are not in alphabetical order by sub-element but are in order by topic area.

Access: Benefits and Coverage

AM10 c New Element	<p>The M+CO does not deny, limit, or condition the coverage or furnishing of benefits to individuals eligible to enroll in an M+C plan on the basis of health status (ESRD excluded). The M+CO, through contract provisions or policies and procedures informs all first tier and down stream entities, who contract with the M+CO, of this requirement.</p> <p>42 CFR 422.110(a);OPL 2000 98.077 [] MET [] NOT MET []NOTE</p>
AM10 d New Element	<p>The M+CO does not inhibit access through self-referral to screening mammography and influenza vaccine. The M+CO, through contract provisions or policies and procedures informs all relevant first tier and down stream entities who contract with the M+CO of this requirement.</p> <p>42 CFR 422.100(h)(1),(2);OPL 2000 98.077 [] MET [] NOT MET []NOTE</p>
MOE AM10d	<p><i>Note for AM10d: An M+CO may limit access to these services to "In-network" providers.</i></p> <p>AMO5d AMO5f : □ Determine that all of the provisions listed above are included in contracts for <u>relevant</u> providers in first tier and downstream entities. (Cross refer to QISMC Domain 2 – 2.2.3.2). □ Determine that the above requirements are included in policies or procedures and/or contracts between the M+CO first tier and downstream entities. □ If contracts are reviewed, review executed and signed provider contracts to ensure that the above requirements are met.</p>
AM10-e New Element	<p>The M+CO does not impose cost-sharing for influenza vaccine and pneumococcal vaccine. The M+CO, through contract provisions or policies and procedures informs all relevant first tier and down stream entities, who contract with the M+CO, of this requirement.</p> <p>42 CFR 422.100(h)(2);OPL 2000 98.077 [] MET [] NOT MET []NOTE</p>
AM10 f New Element	<p>The M+CO provides or arranges for direct access to in-network women’s health specialist(s) for women for routine and preventive services. The M+CO, through contract provisions or policies and procedures, informs all relevant first tier and down stream entities, who contract with the M+CO, of thisese requirements.</p> <p>42 CFR 422.112(a)(3);OPL 2000 98.077 [] MET [] NOT MET []NOTE</p>

AM10 g New Element	<p>The M+CO has written standards for access to benefits in a manner described by HCFA. The M+CO, through contract provisions or policies and procedures informs all first tier and down stream entities, who contract with the M+CO, of this requirement.</p> <p>42 CFR 422.112(a)(8)(7);OPL 2000 98.077</p> <p>[] MET [] NOT MET []NOTE</p>
Beneficiary Protections	
AM10 h New Element	<p>The M+CO makes a good faith effort to conduct an initial health assessment of all new enrollees within 90 days of the effective date of enrollment. The M+CO, through contract provisions or policies and procedures informs all first tier and down stream entities who contract with the M+CO of this requirement.</p> <p>42 CFR 422.112(b)(5);OPL 2000 98.077</p> <p>[] MET [] NOT MET []NOTE</p> <p><i>Note: Persons aging in from the M+COs commercial product are exempted from this provision.</i></p>
MOE AM10h	<i>Note for AM10h: Persons aging in from the M+COs commercial product are exempted from this provision.</i>
AM10 i	<p>The M+CO provides all benefits covered by Medicare in a manner consistent with professionally recognized standards of health care. The M+CO, through contract provisions or policies and procedures informs all first tier and down stream entities who contract with the M+CO of this requirement.</p> <p>42 CFR 422.502(a)(3)(iii);OPL 2000 98.077</p> <p>[] MET [] NOT MET []NOTE</p>
Payment & Federal Funds	
AM10 m	<p>M+COs utilizing a physician incentive plan in their payment arrangements must meet the following requirements: specific payment, financial risk, stop-loss, and HCFA required information as defined in §422.210. The M+CO, through contract provisions or policies and procedures informs all first-tier and downstream entities who contract with the M+CO of this requirement. Cross reference to IA section of Guide dealing with Physician/Physician Group Protections</p> <p>Cross refer IA04(b)</p> <p>42 CFR 422.208(b);422.208(c);OPL 2000 98.077</p> <p>[] MET [] NOT MET []NOTE</p>
AM10 o	<p>M+COs receive Federal payments under M+C. These organizations must comply with all laws and regulations applicable to individuals and entities receiving federal funds including: Title VI of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, the American with Disabilities Act, The Rehabilitation Act of 1973 and all other regulations applicable to recipients of Federal Funds. The M+CO, through contract provisions or policies and procedures informs all first tier and down stream entities who contract with the M+CO of these requirements. Cross reference refer to QISMC 2.1 and EE01.</p>

	42 CFR 422.502(h)(1),(2);OPL 2000 98.077	[] MET [] NOT MET [] NOTE
Reporting & Disclosure		
AM10 q New Element	The CEO or CFO, or an individual delegated the authority to sign on behalf of one of these officers , of the M+CO certifies the accuracy, completeness and truthfulness of their the organization's encounter data based upon his or her best knowledge, information and belief. The M+CO, through contract provisions or policies and procedures informs all first tier and down stream entities, who contract with the M+CO, of this requirement. 42 CFR 422.502(l)(2); 422.502(l)(3):OPL 2000 98.077	[] MET [] NOT MET [] NOTE
QA/QI		
AM10 r New Element	The M+CO for each M+C plan it offers, maintains an agreement with an independent quality review and improvement organization (approved by HCFA) and , operates a quality assurance and performance improvement program and has an agreement for external quality review. The M+CO must consult with physicians who have agreed to provide services under an M+C plan regarding the M+CO's medical policy, quality assurance program, medical management procedures, practice guidelines and utilization management guidelines. The M+CO, through contract provisions or policies and procedures informs all first-tier and downstream entities who contract with the M+CO of this requirement. 42 CFR 422.154(a),(b), 422.502(f)(a)(5),422.202 (b)	[] MET [] NOT MET [] NOTE
Compliance		
AM10 s New Element	The M+CO, provides notice to providers in writing of reason(s) for suspension and termination determinations that affect contracting physicians. The M+CO, through contract provisions or policies and procedures informs all first-tier and downstream entities who contract with the M+CO of this requirement. 42 CFR 422.204(e)(1);OPL 2000 98.077	[] MET [] NOT MET [] NOTE
AM10 t New Element	The contract between the M+CO and providers requires that at least 60 days written notice be given to each other before terminating the contract without cause. The M+CO, through contract provisions or policies and procedures informs all first-tier and downstream entities who contract with the M+CO of this requirement. 420 CFR 422.204(e)(4);OPL 2000 98.077	[] MET [] NOT MET [] NOTE
MOE AM10t	<input type="checkbox"/> Determine that the above requirements are included in policies or procedures and/or contracts between the M+CO first tier and downstream entities. <input type="checkbox"/> If contracts are reviewed, review executed and signed provider contracts to ensure that the above requirements are me	

AM10 v	<p>The M+CO does not employ or contract with any agents, management staff, or persons with ownership or control interests who have been convicted of criminal offenses related to their involvement in Medicaid, Medicare, or social service programs under Title XX of the Act. The M+CO, through contract provisions or policies and procedures informs all first-tier and downstream entities, who contract with the M+CO, of this requirement.</p> <p>42 CFR 422.204(b)(3); 422.204(b)(4); 422.752(a)(8); Social Security Act Sections 1128 and 1128A</p> <p>[] MET [] NOT MET [] NOTE</p>
MOE, AM10 v	<p>Determine if the M+CO has a specific staff person and/or documented procedures for periodic and complete review of its agents or management. Does the M+CO check to see if staff or persons with ownership / control interest have ever been sanctioned by Medicare?</p> <p>Review:</p> <p><input type="checkbox"/> The most recent HCFA 1513 (Ownership and Disclosure Statement) submitted with annual National Data Reporting Requirement (NDRR). Check the names and/or organizations listed against the <i>Medicare and Medicaid Sanction - Reinstatement Report</i> published monthly by the Office of Inspector General (OIG).</p> <p><input type="checkbox"/> M+CO procedures to determine who receives and checks against the <i>Medicare and Medicaid Sanction-Reinstatement Report</i> as part of the M+CO's certification and recertification process for its providers/suppliers, as well as those listed in the HCFA 1513, staff, agents, and managers.</p> <p>Interview: Staff person personnel, who do the actual checks, and other responsible employees including the responsible for this process and who does the actual checks, CEO/Executive Director, if necessary.</p>
AM10 w New Element	<p>The M+CO, with respect to each M+C plan that it offers, requires that its providers adhere to the Medicare appeals and expedited appeals procedures for M+C enrollees, including gathering/forwarding information on appeals as necessary and as described in §422.564 422.562. If the M+CO delegates this function, the M+CO retains ultimate responsibility for ensuring that delegees adhere to HCFA 's guidelines. The M+CO, through contract provisions or policies and procedures informs all first-tier and downstream entities, who contract with the M+CO, of this requirement.</p> <p>42 CFR 422.562(a)</p> <p>[] MET [] NOT MET [] NOTE</p>
MOE, AM10w	<p><input type="checkbox"/> Determine that the above requirements are included in policies or procedures and/or contracts between the M+CO first tier and downstream entities.</p> <p><input type="checkbox"/> If contracts are reviewed, review executed and signed provider contracts to ensure that the above requirements are met.</p>

Table 1

AM 10 Elements and Where Found

<u>Element</u>	<u>Summary of Element</u>	<u>Where Found in AM 10 Section</u>
AM10	HCFA's right to inspect, audit, etc. included in contracts.	Access: Records and Facilities in Contract section
AM10a	Requirement for records retention, etc. for 6 years included in contracts.	Access: Records and Facilities in Contract section
AM10b	Requirement for confidentiality of enrollee records in included in contracts	Access: Records and Facilities in Contract section
AM10c	M+CO does not condition coverage or benefits on the basis of health status is included in contracts or policies and procedures (P&P).	Access: Benefits and Coverage in Contract/P&P Section
AM10d	Direct access to screening mammography and influenza vaccinations is included in contracts or P&P.	Access: Benefits and Coverage in Contract/P&P Section
AM10e	No copay for influenza and pneumococcal vaccines is included in contracts or P&P	Access: Benefits and Coverage in Contract/P&P Section
AM10f	Direct access to specialists if network is inadequate is included in contracts or P&P.	Access: Benefits and Coverage in Contract/P&P Section
AM10g	Written access standards must meet or exceed HCFA standards is included in contracts or P&P	Access: Benefits and Coverage in Contract/P&P Section
AM10h	"Good-faith effort to conduct initial health assessment of all new enrollees within 90 days is included in contracts or P&P	Beneficiary Protections in Contract/P&P Section
AM10i	Provide services in a manner consistent with professionally recognized standards of care included in contracts.	Beneficiary Protections in Contract/P&P Section
AM10j	Hold harmless provisions included in contracts or P&P.	Beneficiary Protections in Contract section
AM10k	Continuation of benefits for duration of contract period in contracts.	Beneficiary Protections in Contract section
AM10l	Specify delegation requirements in manner consistent with HCFA regulations in contracts.	Delegation in Contract section
AM10m	Payment and physician incentive arrangements specified in contracts or P&P.	Payment and Federal Funds in Contract/P&P section
AM10n	Prompt payment must appear in contracts.	Payment and Federal Funds in Contract section
AM10o	Comply with Civil Rights Act, ADA, Age Discrimination Act, federal funds laws, etc. in contracts or P&P.	Payment and Federal Funds in Contract/P&P section
AM10p	Submission of encounter data, medical records and certifies completeness and truthfulness in	Reporting and Disclosure in Contract section

<u>Element</u>	<u>Summary of Element</u>	<u>Where Found in AM 10 Section</u>
	contracts.	
AM10q	CEO or individual delegated authority attests to truthfulness of encounter data in contracts or P&P.	Reporting and Disclosure in Contract/P&P section
AM10r	PRO agreement must be in contracts or P&P.	QA/QI in Contract/P&P section
AM10s	Deleted from Guide with publishing of Final Rule.	Deleted
AM10t	Deleted from Guide with publishing of Final Rule.	Deleted
AM10u	M+CO accountability provisions included in contracts.	Compliance in Contract section
AM10v	Prohibition of use of excluded practitioners in contracts or P&P.	Compliance in Contract/P&P section
AM10w	Adhere to appeals procedures included in contracts or P&P.	Compliance in Contract/P&P section
AM10x	Comply with applicable Medicare laws and regulations in contracts.	Compliance in Contract section